

Certification Renewal Checklist for Private Providers

Renewals are done online on the Information Management for Providers (IMPROV) system.

The website for IMPROV is: <http://health.wyo.gov/mhsa/certs/certifications.html>
*Please see the bottom portion of the screen to **select the “renewal” application option.***

You will need a new Provider Validation Number (PVN) to enter the renewal process. At approximately two months prior to your current expiration date, if you have not received a “noreply.wdh” email containing your new PVN, please contact Pat Bacon, Certification Program Manager, Behavioral Health Division (Division), patricia.bacon@wyo.gov or 307-777-5253.

Please add the email "noreply.wdh@wyo.gov" to your safe contacts list. Please notify us at any time you have demographics changes and we will update your IMPROV profile.

☐ **Demographic Update:**

Update any demographic changes in the online renewal application. Should any changes occur during the year, please contact Pat Bacon at 307-777-5253 or patricia.bacon@wyo.gov

☐ **Certification Renewal Application Reporting Requirements:**

Review and check each box for accuracy within the reporting requirements section online to affirm ongoing compliance.

☐ **Policy and Procedure:**

Upload an electronic copy of the agency's most current, up-to-date policy and procedure manual. Please **highlight** any changes that have been made to the policy, procedure, and program descriptions since the previous policy submission.

☐ **Insurance:**

Upload a copy of the agency's current insurance policy of which covers professional liability, civil and property damages.

☐ **Clinical License:**

Upload copies of licenses for all current and licensed staff listed within the renewal demographics section.

☐ **Clinical Supervision Documentation:**

Upload a completed, signed copy of "Supervision-PeerConsult_Docu_BHD". For single-owned businesses, this applies to peer consultation.

☐ **Quality of Care Review Clinical Records (QOC) Reporting Requirements:**

Upload a completed, signed copy of "EvalPlan-CQI-ReviewRecords_Form_BHD".

☐ **Clinical Assessment Tool:**

Upload a mock clinical assessment demonstrating utilization of the most current ASI assessment tool, ASAM criteria, and DSM diagnostic criteria.

☐ **Human Resource Management:**

Upload a completed, signed copy of "HR-PersonnelAffirmation_Form_BHD".

☐ **Fiscal Reporting Requirements:**

Upload the agency's current sliding fee schedule and the development of an annual budget (if applicable). Policy and procedure document must indicate that all fiscal operations are in accordance with Generally Accepted Accounting Principles.